

# ***Exhibit 20***

## DISABILITY CERTIFICATE

Internal Medicine Associates of Flint PC

G5067 Bristol Rd

Flint, MI 48507

Phone: 810-733-0806

Fax: 810-733-8433

Date: 2 / 9 / 08

Date of injury:       /      /      

Patient Name:

I have examined and/or treated the above named patient for injuries sustained in an automobile accident on the aforementioned date. As a result of the injuries, it is my professional opinion that the patient is disabled from doing the following activities:

☒ Employment from: 2 / 9 / 08 to: 3 / 9 / 08

"Employment" which involves bending, lifting, twisting and prolonged standing.

☒ Housework duties from: 2 / 9 / 08 to: 3 / 9 / 08

"House work", "caring for the patient personal needs" and "caring for the patient children" which involves bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs and toilets, moving furniture, picking up objects from the floor, changing children's clothes, bathing, cooking, watching, feeding, cleaning and straightening up after children, carrying groceries and garbage.

       Attending care required from:       /      /       to:       /      /      

☒ Driving due to physical limitation

       Other \_\_\_\_\_

It is my professional opinion that the patient is/was disabled from performing the above mention activities from: 2 / 9 / 08 to: 3 / 9 / 08

Physician Signature: S. J. Holan MD Date: 2 / 9 / 08

Physician Name: S. J. Holan

**DISABILITY CERTIFICATE**Internal Medicine Associates of Flint PCG506<sup>th</sup> Bristol RdFlint, MI 48507Phone: 810-733-0806Fax: 810-733-8433Date: 7 24 08Date of injury: 2.2.08Patient Name: 

I have examined and/or treated the above named patient for injuries sustained in an automobile accident on the aforementioned date. As a result of the injuries, it is my professional opinion that the patient is disabled from doing the following activities:

☒ Employment from: 7 24 08 to: 8 24 08

"Employment" which involves bending, lifting, twisting and prolonged standing.

☒ Housework duties from: 7 24 08 to: 8 24 08

"House work", "caring for the patient personal needs" and "caring for the patient children" which involves bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs and toilets, moving furniture, picking up objects from the floor, changing children's clothes, bathing, cooking, watching, feeding, cleaning and straightening up after children, carrying groceries and garbage.

         Attending care required from:          to:         

☒ Driving due to physical limitation

         Other         

It is my professional opinion that the patient is was disabled from performing the above mention activities from: 7 24 08 to: 8 24 08

Physician Signature: S. J. Hoban Date: 7 24 08

Physician Name: S. J. Hoban MD

Extension  
3/21/08-3/28/08

05/02/2008 14:48 FAX 810 733 8433

SCHOOLFIELD GUTIERREZ

001

22-A795.092

**DISABILITY CERTIFICATE**

Internal Medicine Associates of Flint PC

65067 Bristol Rd

Flint, MI 48507

Phone: 810-733-0806

Fax: 810-733-8433

Date: 4/8/08Date of injury: 3/3/08Patient Name: 

I have examined and/or treated the above named patient for injuries sustained in an automobile accident on the aforementioned date. As a result of the injuries, it is my professional opinion that the patient is disabled from doing the following activities:

☒ Employment from: 4/8/08 to: 5/8/08  
 "Employment" which involves bending, lifting, twisting and prolonged standing.

☐ Housework duties from: \_\_\_\_\_ to: \_\_\_\_\_  
 "House work", "caring for the patient personal needs" and "caring for the patient children" which involves bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs and toilets, moving furniture, picking up objects from the floor, changing children's clothes, bathing, cooking, watching, feeding, cleaning and straightening up after children, carrying groceries and garbage.

☒ Attending care required from: 4/8/08 to: 5/8/08 (4 1/2 hrs)  
☒ Driving due to physical limitation

☐ Other \_\_\_\_\_

It is my professional opinion that the patient is was disabled from performing the above mention activities from: 4/8/08 to: 5/8/08

Physician Signature: P. J. Hoban Date: 4/8/08  
 Physician Name: S. J. Hoban

